REMARKS

Claims 2-18 are pending in this application. Claims 2-18 stand rejected. By this Amendment, claims 2 and 17 have been amended. The amendments made to the claims do not alter the scope of these claims, nor have these amendments been made to define over the prior art. Rather, the amendments to the claims have been made to improve the form thereof. In light of the amendments and remarks set forth below, Applicant respectfully submits that each of the pending claims is in immediate condition for allowance.

Claims 2, 3, 11, 12, and 16 are rejected under 35 U.S.C. § 103(a) as being unpatentable over U.S. Patent No. 5,845,255 ("Mayaud").

Claim 2 recites "a person who takes care of welfare of the patient" and that "the hospital receives a notification of the user ID and the second password from the user". this is not disclosed in Mayaud.

Mayaud discloses a computer-implemented prescription creation system having a program stored on a computer-readable medium. The system is used by a prescriber to create an electronic prescription prescribing a drug to treat a condition exhibited by a patient. The electronic prescription includes a patient identifier, at least one prescribed drug and at least one drug quantifier for the prescribed drug and being usable by a pharmacist to dispense the prescribed drug or drugs. The prescription creation system involving: a) a prescription creation screen having prescriber-operable data capture devices including: i) a patient indentifier data capture device for capturing patient-identifying data; ii) a prescribed drug data capture device; iii) at least one drug quantifier capture device; iv) a patient condition data capture device; and b) a library of prescribable drug data accessible by one or more of the data capture devices from a prescription management screen to display multiple prescribable drugs; c) a prescription output screen device to output a completed prescription; and d) a printer to print the completed

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prescription. The completed prescription includes the patient condition and identification and quantification data regarding a drug prescribed by the prescriber user for treatment of the patient condition, the patient condition and drug data being captured into the prescription by the data capture devices.

Mayaud further discloses that security may be provided by password protection operating hierarchically on one or more levels/and that a patient record uses an identifier such as a coded alphanumeric patient identifier, social security numbers or the like.

In Mayaud patient-directed control of the flow of their own data can be achieved by centrally inputting, at the host computer facility, patient-generated record-access specifications to determine which users can access what data during what period and what use can be made of the data. However, Mayaud neither discloses nor teaches a specific way to control access to the patient's records. That is, Mayaud neither discloses nor teaches "a person who takes care of welfare of the patient" and that "the hospital receives a notification of the user ID and the second password from the user."

It should be noted that the term "user" does not include a physician. Moreover, Claim 2 explicitly recited "the hospital receives a notification of the user ID and the second password from the user."

According to the method for sharing information about the medical treatment of an individual as defined in Claim 2, it is possible to reduce the costs borne by the hospital and thereby promote an increase in the number of participating hospitals. It is also possible for the hospital to be able to prescribe treatment and medicines appropriate for the user after considering the user's treatment information updated by the participating hospitals.

In contrast, Mayaud neither discloses nor teaches the above-mentioned feature, as described above. Accordingly, the above-mentioned effects could not be realized by the

teachings of Mayaud. Thus, the subject matter of Claim 2 would not be obvious for those skilled in the art in view of Mayaud, and is patentable over Mayaud.

It is clear that the second password is acquired not by a hospital, but by the user. That is, the second password is given to a hospital from the user, the second password being required for those different from the user, that is, the hospital, to acquire medical treatment information of the user. Thus, Mayaud does not anticipate claim 2.

Claims 3, 11, 12, and 16 depend from Claim 2. Therefore, these claims are also patentable over Mayaud.

Claims 7, 8, 17, and 18 are rejected under 35 U.S.C. § 103(a) as being unpatentable over Mayaud in view of U.S. Patent No. 4,882,474 ("Anderl").

Claim 17 recites "a person who takes care of welfare of the patient" and that "a computer program for providing information about the second password from the user to the person". Neither limitation is disclosed in Mayaud or Anderl.

Anderl discloses that the user is required to specify a login level and a password and that the password command allows the user at a logged on security level to change the password of its level or any level below it. Anderl neither discloses nor teaches "a person who takes care of welfare of the patient" and that "a computer program for providing information about the second password from the user to the person." Further, Anderl does not cure the deficiency in Mayaud discussed above.

With respect to Claim 17, the term "user" does not include physician. Moreover, Claim 17 includes "a computer program for providing information about the second password from the user to the person." It is more clearly defined that the second password is informed from the user to a person other than the user, the second password being requested for the person to access the space where the medical treatment information of

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the user is stored. According to the computer-readable medium as defined in Claim 17, it is possible to reduce the costs borne by the hospital and thereby promote an increase in the number of participating hospitals.

It is also possible for the hospital to be able to prescribe treatment and medicines appropriate for the user after considering the user's treatment information updated by the participating hospitals.

In contrast, both of Mayaud and Anderl neither disclose nor teaches "a computer program for providing information about the second password from the user to the person," as described above. Accordingly, the above-mentioned effects could not be realized by the teachings of Mayaud and Anderl. Thus, the subject matter of the Claim 17 is not obvious for those skilled in the art in view of Mayaud and Anderl, and is patentable over Mayaud in view of Anderl.

Claims 4 to 6 and 13 are rejected under 35 U.S.C. § 103(a) as being unpatentable over Mayaud in view of U.S. Patent No. 6,564,104 ("Nelson"). Claims 9, 14, and 15 are rejected under 35 U.S.C. § 103(a) as being unpatentable over Mayaud in view of U.S. Patent No. 5,781,442 ("Engleson"). Claim 10 is rejected under 35 U.S.C. § 103(a) as being unpatentable over Mayaud in view of Engleson and Nelson.

Nelson discloses that a remote interrogation system may be provided to a patient or a clinician on a fee per data access basis. However, Nelson neither discloses nor teaches the differences cited in Mayaud above.

Engleson discloses a care management system in which the management of the administration of care for patients is automated. Engleson discloses that the care management system monitors ongoing administration progress and automatically updates records and provides alarms when necessary. Engleson discloses that the care management system includes a consumable tracking module that maintains a record of all

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consumable item usage for treatment of each patient. However, Engleson does not teach "a person who takes care of welfare of the patient" and that "a computer program for providing information about the second password from the user to the person". Thus, claims 9, 10, 14, and 15 are allowable.

Since Claims 7 and 8 depend on Claim 2, the applicant believes that these claims are also patentable over Mayaud even in view of Anderl, which neither discloses nor teaches the technical feature (i) as described above.

Since Claim 18 depends on Claim 17, the applicant believes that this claim is also patentable over Mayaud in view of Anderl.

Claims 9, 14, and 15 are rejected under 35 USC 103(a) as being unpatentable over Mayaud in view of Engleson (US 5,781,442).

Since Claims 9,14, and 15 include the subject matter of Claim 2, the applicant believes that these claims are also patentable over Mayaud even in view of Engleson which neither discloses nor teaches the features as described above. Thus, the applicant believes that this rejection has been overcome.

Claim 10 is rejected under 35 USC 103(a) as being unpatentable over Mayaud in view of Engleson and Nelson.

Since Claim 10 depends on Claim 2, the applicant believes that this claim is also patentable over Mayaud even in view of Engleson and Nelson, which neither disclose nor teach the features as described above.

Applicant has responded to all of the rejections and objections recited in the Office Action. Reconsideration and a Notice of Allowance for all of the pending claims are therefore respectfully requested.

In view of the above, each of the presently pending claims in this application is believed to be in immediate condition for allowance. Accordingly, the Examiner is respectfully requested to withdraw the outstanding rejection of the claims and to pass this application to issue.

If the Examiner believes an interview would be of assistance, the Examiner is welcome to contact the undersigned at the number listed below.

Dated: May 8, 2007   Respectfully submitted,

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